

TENNESSEE BOARD OF NURSING
665 Mainstream Drive
Nashville, TN 37243

615-532-5166

**Guidelines for Schools Requesting Initial Approval
To Establish a Medication Aide Certified School**

Statutory Authority for School Approval is found in T.C.A. 63-7-127 (i) (1).

(1) After the Board approves the letter of intent and prior to the acceptance of students, the institution shall submit documentation no later than forty-five (45) days prior to a scheduled Board meeting in order to obtain initial approval:

- (a) The number and type of education clock hours requested for each course;
- (b) The name(s), license number(s), educational credentials and teaching and nursing experience of the director and all instructors;
- (c) The program catalog;
- (d) The topic outlines, which list the summarized topics, covered in each course and upon request, a copy of any course materials;
- (e) A summary of any changes in the curriculum, should the previously approved program be substantially changed. A summary of any changes should be submitted to the Board office at least forty-five (45) days prior to a scheduled Board meeting; and
- (f) The submission of any other such information that the Board may deem necessary.

(2) The qualified educational institution providing the training program shall:

- (a) Provide sufficient numbers of qualified faculty to implement the curriculum

- (b) Provide sufficient numbers of qualified faculty to assure that the students receive appropriate training from supervising licensed nurses in the nursing home or assisted care living facility:
 - 1. With which the training program has a written agreement to provide licensed nurse supervision in the supervised clinical practice component of the training program; and
 - 2. So that the students are prepared to administer medications as a MAC in a safe and effective manner.
- (c) Provide financial support and resources adequate to teach the students the curriculum established in T.C.A. §63-7-127, including but not limited to classrooms, laboratories, supplies and qualified administrative, instructional and support personnel and services;
- (d) Employ or contract with a registered nurse with an unencumbered Tennessee license who may teach a course or courses within his or her scope of practice and areas of competency;
- (e) Ensure that the training program instructors have an unencumbered license to engage in the practice of nursing as a registered nurse with at least two (2) years of nursing experience and with medication administration experience and knowledge of the regulations and competence to administer medication in the long term care setting;
- (f) Inform each student of the requirements for certification;

- (g) Provide a written program grading system policy, which reflects a numerical grading system or scaled grading system. Students must make a passing grade in both didactic and clinical courses;
 - (h) Provide a written protocol or policy on the mechanism to evaluate a student's performance. At least one (1) written evaluation is required within the first half of the program;
 - (i) Provide a written policy on the dismissal of students;
 - (j) Provide a copy of a student's transcript to the student upon the student's written request and upon the student's completion of or withdrawal from the program; and
 - (k) Engage in program evaluation that includes, but is not limited to, obtaining feedback from students, instructors and employers of individuals who have successfully completed the medication aide certified training program.
- (3). The program shall not advertise that it is approved by the Board prior to or after a loss of Board approval.
- (4). The program shall retain records of attendees of each course and the Board may at any time examine the records.
- (5). The program shall ensure a first time test taker examination pass rate minimum of eighty-five percent (85%). The Board will evaluate the program's examination pass rate on a quarterly and annual basis.
- (6). The program shall file with the Board office an annual report containing at minimum, the following information:

- (a) the number of students currently enrolled;
- (b) the total enrollment for the year;
- (c) the attrition and retention rate of students and faculty;
- (d) the employment placement data;
- (e) the number of students graduated;
- (f) the number of students dismissed or withdrawn for the year;
- (g) the number of students taking the certification examination; and
- (h) the percentage of students taking the test for the first (1st) time and passing the certification examination

(7). The Board shall obtain approval by the Board on an annual basis thirty (30) days before the program commences each year.

(8). A representative of the Board shall inspect the institution that provides the program on an annual basis or as directed by the Board or the Board's representative and shall submit a written report to the Board. If any deficiencies are noted, the Board may grant the institution a conditional approval of the training program until all deficiencies are corrected. The institution shall have thirty (30) days from the date the conditional approval is granted by the Board to correct the deficiencies. Upon correction of the deficiencies, the Board may grant full approval.

(9). If deficiencies are not corrected within the Board's time frame, the program will be removed from approved status and must reapply for approval. Notice will be sent to the program upon removal of approved status.

(11). In addition to the minimum standard curriculum provided in T.C.A. §63-7-127(i)(2),

the qualified educational institution shall provide courses relative to the following topics:

- (a) Role of the medication aide;
- (b) Federal and state laws and rules relative to nursing homes and assisted care living facilities relative to medication aides;
- (c) Confidentiality of a resident's protected health information;
- (d) Drug mathematics, weights, and measures;
- (e) Drug side effects;
- (f) Drug administration requirements;
- (g) Drug packaging systems;
- (h) Drug storage, destruction, or return of medication;
- (i) Documentation of medication administration; and
- (j) Drug interactions.

TENNESSEE BOARD OF NURSING
665 Mainstream Drive
Nashville, TN 37243

Code 1705
Fee: \$2,500.00

615-532-5166

**MEDICATION AIDE CERTIFIED
APPLICATION FOR INITIAL PROGRAM APPROVAL**

Application for initial program approval may be made following approval of a letter of intent. The program shall submit documentation no later than forty-five (45) days prior to a scheduled Board of Nursing business meeting. All applicable laws, rules, policies and guidelines affecting your program are available for viewing at www.state.tn.health. Please check this Web site periodically for updates.

Name of the School (Qualified Educational Institution) _____

Location of the School _____

Street _____ City _____

County _____ State _____ Zip _____

Phone Number (____) _____ Fax Number (____) _____

Twenty Four (24) Hour Emergency Number (____) _____

E-Mail Address _____

Controlling Institution:

Name _____ Phone Number (____) _____

Street _____

City _____ State _____ Zip _____

Accreditation

Name of Accrediting Body _____

Director Information

Name _____ RN License Number _____

Have you (Director) ever been convicted of a crime? Yes _____ No _____

If yes, what charges? _____

Location of conviction _____ Date _____
City County State

Mailing address if different from school location address:

Code 1705
Fee: \$2,500.00

Name _____

Street _____

City _____ State _____ Zip _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- (a) The number and type of education clock hours requested for each course;
- (b) The names, license number(s), educational credentials and teaching and nursing experience of the director and all instructors;
- (c) The program catalog
- (d) The topic outlines, which list the summarized topics covered in each course and upon request, a copy of any course materials;
- (e) A summary of any changes to the curriculum, should the prior approved program be substantially changed. A summary of any changes should be submitted to the Board office at least forty-five (45) days prior to a scheduled Board business meeting;
- (f) Any other such information that the Board may deem necessary.

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)

Training Program Initial Application Fee..... \$2,500.00

Training Program Annual Survey Fee..... \$1,500.00

VERIFICATION BY NOTARY PUBLIC:

The signature below certifies that he or she is of responsible character and able to comply with minimum standards and regulations established by Tennessee pertaining to the Medication Aide Certified program for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated T.C.A. 63-7-127.

Authorized Signature Title or Position Date

STATE OF TENNESSEE

County of _____

The above name applicant (print name) _____ being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named school and program, therein contained, are correct and true to his/her knowledge.

Subscribed to and sworn to on this _____ day of _____
Month Year

Notary Public _____

My commission expires: _____